



PN-6W
SW, WW, WS

**Notice of Intent (NOI) for Stormwater Discharges from
Large and Small Construction Activities,
NPDES General Permit SCR100000**

For official use only

103489

For official use only

File number: 10-08-0506

Permit number: SCR10J117

Submission package complete: 6/5/08

Public Notice Start Date (OCRM only): _____

Submission of an NOI constitutes notice that the entity identified in Section I intends to be authorized under SCR100000. Instructions on page 5.

Date: 6/1/08

Project/ Site Name: Summer Village

County: Charleston

Do you want this project to be considered for the Expedited Review Program (ERP)? ☐ Yes ☒ No (See instructions.)
If yes, is the design of this project above regulatory requirements or Low Impact Development? ☐ Yes ☒ No

I. Project Information

Project Owner/ Operator (Company or person): Charleston Development Company, LLC
Company EIN: [REDACTED] Phone: (843) 529-1161 Fax: _____
Mailing Address: 6 Tully Alley City: Charleston State: SC Zip: 29405
Permit Contact (if owner is company): Paul Hall Phone: (843) 529-1161
Mailing Address: 6 Tully Alley City: Charleston State: SC Zip: 29405
Email address (optional): _____

II. Property Information

A. Site Location (street address, nearest intersection, etc.): 1414 Summer Ave
City/ Town (if in limits): North Charleston Latitude: 32°54'53" N Longitude: -79°52'51" W
Tax map # (list all): 473 14-6-189
B. Property Owner: Charleston Development Company, LLC Phone: (843) 529-1161
Mailing Address: 6 Tully Alley City: Charleston State: SC Zip: 29405

III. Site Information

A. Disturbed area (to the nearest tenth of an acre): 3.8 acres Total area: 3.8 acres
B. Is this project part of a Larger Common Plan for Development or Sale (LCP)? ☐ Yes ☒ No
LCP/ Overall Development Name: _____
Previous state permit/ file number: _____ Previous NPDES coverage number: SCR10 ☐ ☐ ☐ ☐
Check here if this is the first phase. ☐
C. Start Date (MM/DD/YYYY): 6/1/08 Completion Date: 6/20/09
D. Is this site located on Indian Lands? ☐ Yes ☒ No If yes, name of reservation: _____
E. Type of Activity (check one):
☐ Institutional ☒ Residential: Single-family ☐ Commercial ☐ Industrial
☐ Linear ☐ Residential: Multi-family ☐ Multi-use (Commercial & Residential) ☐ Other:
F. Are there any flooding problems downstream of or adjacent to this site? ☐ Yes ☒ No
G. Has S.C. DHEC issued a Notice to Comply or Notice of Violation for this site or LCP? ☐ Yes ☒ No
H. Is any part of the property located inside an MS4 or urbanized area? ☐ Yes ☒ No
If yes, list the MS4 operator or urbanized area name: _____
I. List all state and federal environmental permits or approvals applied for or obtained for this site (e.g., RCRA).
Army Corps of Engineers

IV. Waterbody Information

A. Nearest receiving waterbody(s) [RWB]: Fallin Creek Distance to nearest RWB (feet): 1500
Classification of nearest RWB: SP Next/Nearest named RWB: Crocker Run

B. 1. Waters of the U.S./ State	On the site?	Delineated/ Identified?	Impacts?	Amount of impacts
a. Jurisdictional wetlands	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac
b. Non-jurisdictional wetlands	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>1.38</u> Ac
c. Other Water(s) List:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____ Ac _____ Feet

2. If yes for impacts in B.1, describe each impact and activity, and list all permits (e.g., USACOE Nationwide permit, DHEC General Permit) and certifications that have been applied for or obtained for each impact.

SPC-2007-1019-23V - New proposed residential development with stormwater management plan
USACOE

C. Impaired Waterbodies (See instructions.)

List the nearest DHEC water quality monitoring station(s) [WQMS(s)] to which construction stormwater (SW) discharges will drain and the corresponding waterbody(s). MD 249 Waterbody(s): Cecil River

1. Is this WQMS(s) listed on the most current 303(d) List for Impaired Waters? ☒ Yes ☐ No
a. If yes for 1, list the impairment(s). FC
b. If yes for 1, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
c. If yes for b, list the impairment(s) affected by the pollutant(s) referenced in b.
d. If yes for b, will use of the proposed BMPs ensure that the site's discharges will not contribute to or cause further water quality standard violations for the impairment(s) listed in c? ☐ Yes ☐ No
2. Has a TMDL(s) been developed for this WQMS(s)? ☐ Yes ☒ No
a. If yes for 2, list the impairment(s).
b. If yes for 2, has the standard been attained for all impairment(s)? ☐ Yes ☐ No
c. If no for b, will the site's construction SW discharges contain any pollutant(s) causing the impairment(s)? ☐ Yes ☐ No
d. If yes for c, are your discharges consistent with the assumptions and requirements of the TMDL(s)? ☐ Yes ☐ No

D. 1. Are S.C. Navigable Waters (SCNW) on the site? ☐ Yes ☒ No

- a. If yes for 1, list the name of the SCNW: _____
- b. If yes for 1, will any construction activities cross over or occur in, under, or through the SCNW? ☐ Yes ☐ No
- c. If yes for b, then describe activities. _____
- d. If yes for b, are the activities in SCNW covered under a DHEC General Permit or other DHEC permit? ☐ Yes ☐ No
- e. If no for d, has an SCNW permit been applied for or issued for the site? ☐ Yes, for all activities ☐ Yes, for some activities ☐ No
- f. If yes for d or e, list permit number(s) and corresponding activities. _____

V. Operator Information

- A. SWPPP Preparer: Kevin J. Coffey, PE S.C. Registration #: 22397
Company/ Firm: Lowcountry Land Development, Inc. S.C. COA #: 03191
Mailing Address: 3030 Ashley Turnpike, Suite 200 City: Charleston State: SC Zip: 29412
Phone: (Day) (843) 766-3700 (Mobile) (843) 766-6304 (Fax) (843) 766-3700
Email address (optional): kevin@lowcountryland.com
- B. Operator of Day-to-Day Site Activities [ODSA] (Company or person): Paul Holt
Mailing Address: 6 Tolly Alley
Phone: (843) 324-1161 City: Charleston State: SC Zip: 29403
Site Contact (if ODSA is company): _____ Phone: _____

VI. Signatures and Certifications: DO NOT SIGN IN BLACK INK!

- A. One copy of the SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq., and in accordance with the terms and conditions of SCR 100000. (This should be person identified in Section V.A.)
Check one. ☒ Engineer ☐ Tier B Surveyor ☐ Landscape Architect

Kevin J. Coffey
Printed name of SWPPP Preparer

Kevin J. Coffey
Signature of SWPPP Preparer

22397
S.C. Registration #

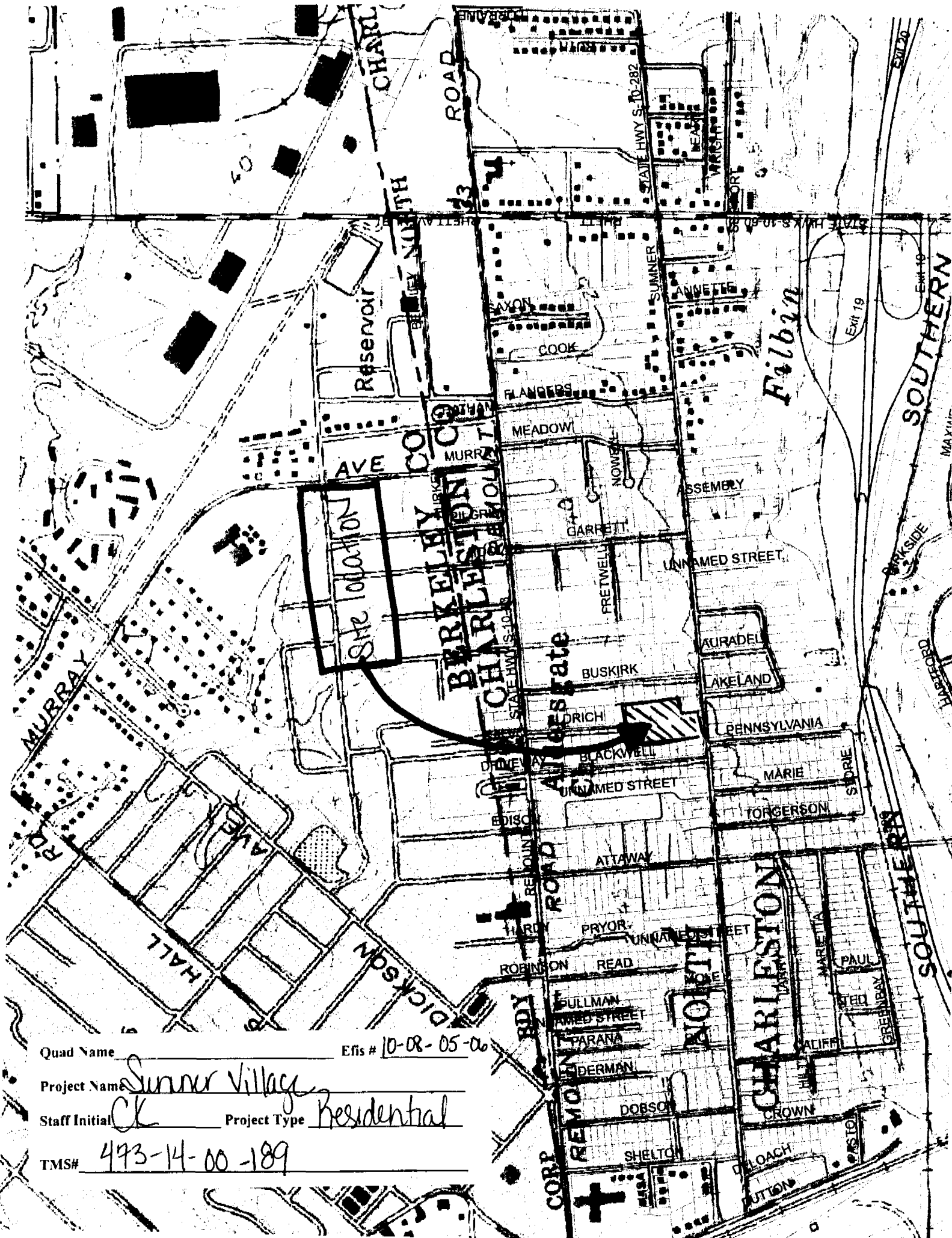
- B. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR 100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the S.C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity. (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.)

Paul Holt
Printed name of Project Owner/Operator

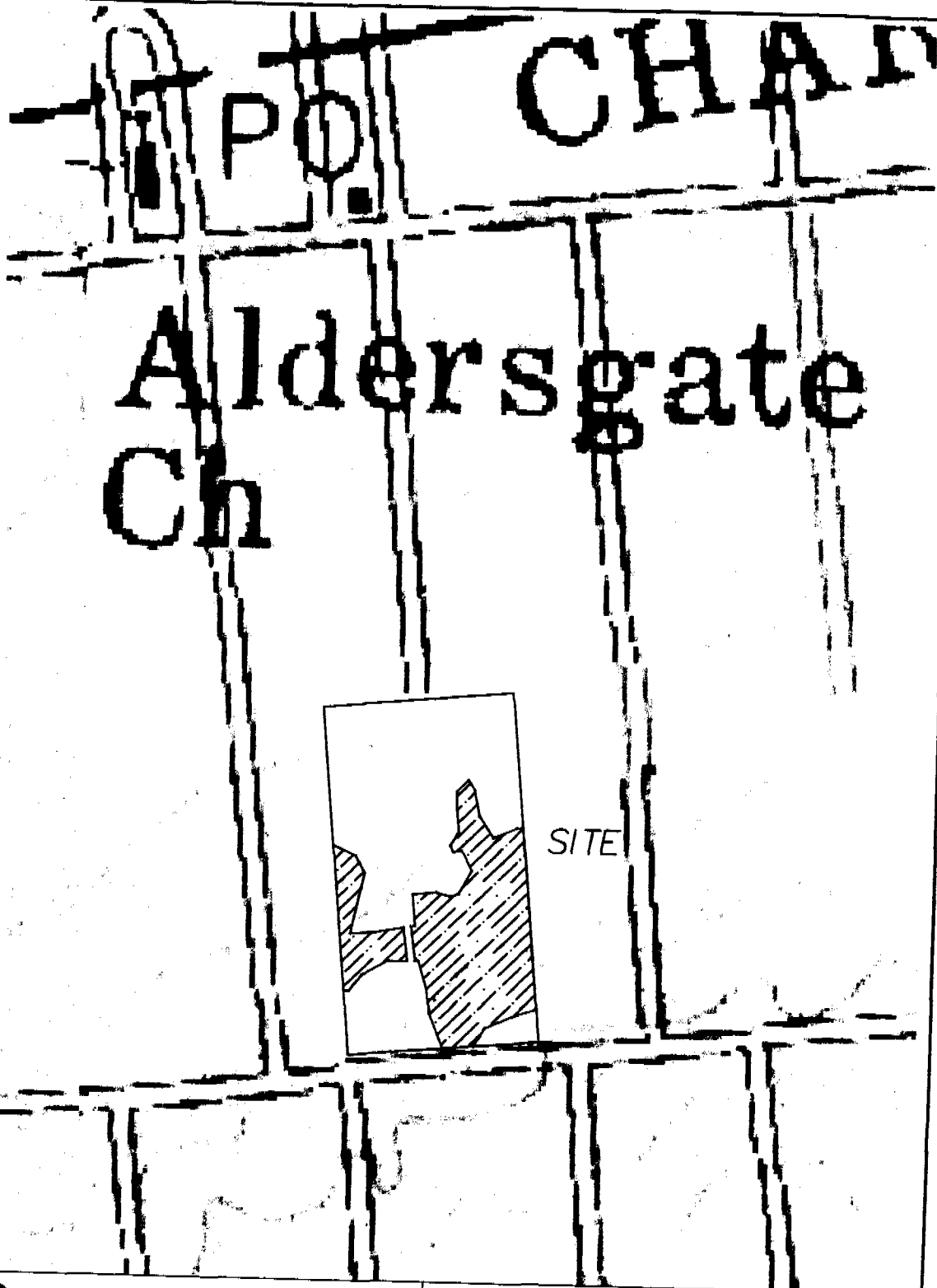
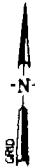
Paul Holt
Signature of Project Owner/Operator

3/26/08
Date

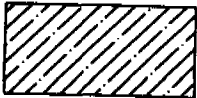


Quad Name _____ Efs # 10-08-05-06
Project Name Summer Village
Staff Initial CK Project Type Residential
TMS# 493-14-00-189

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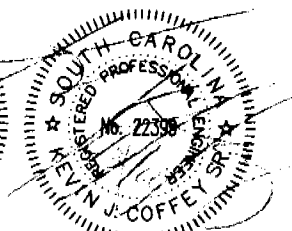


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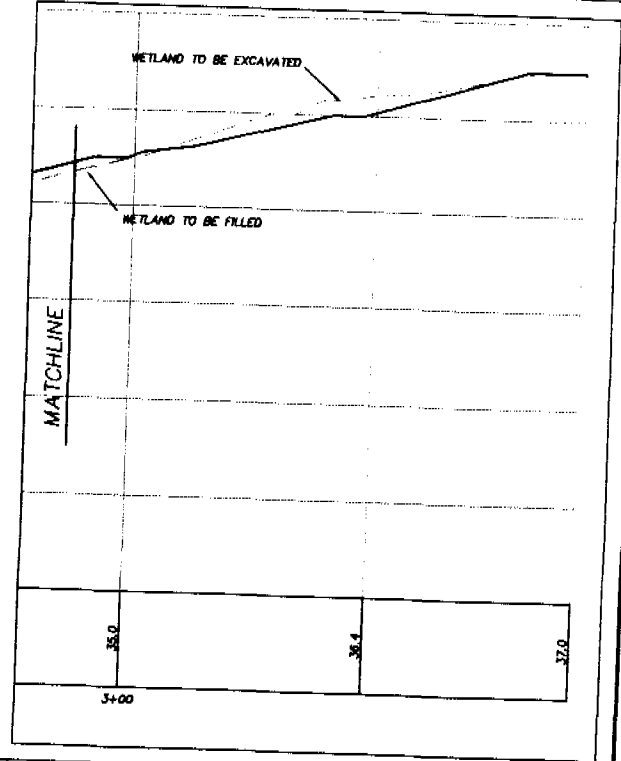
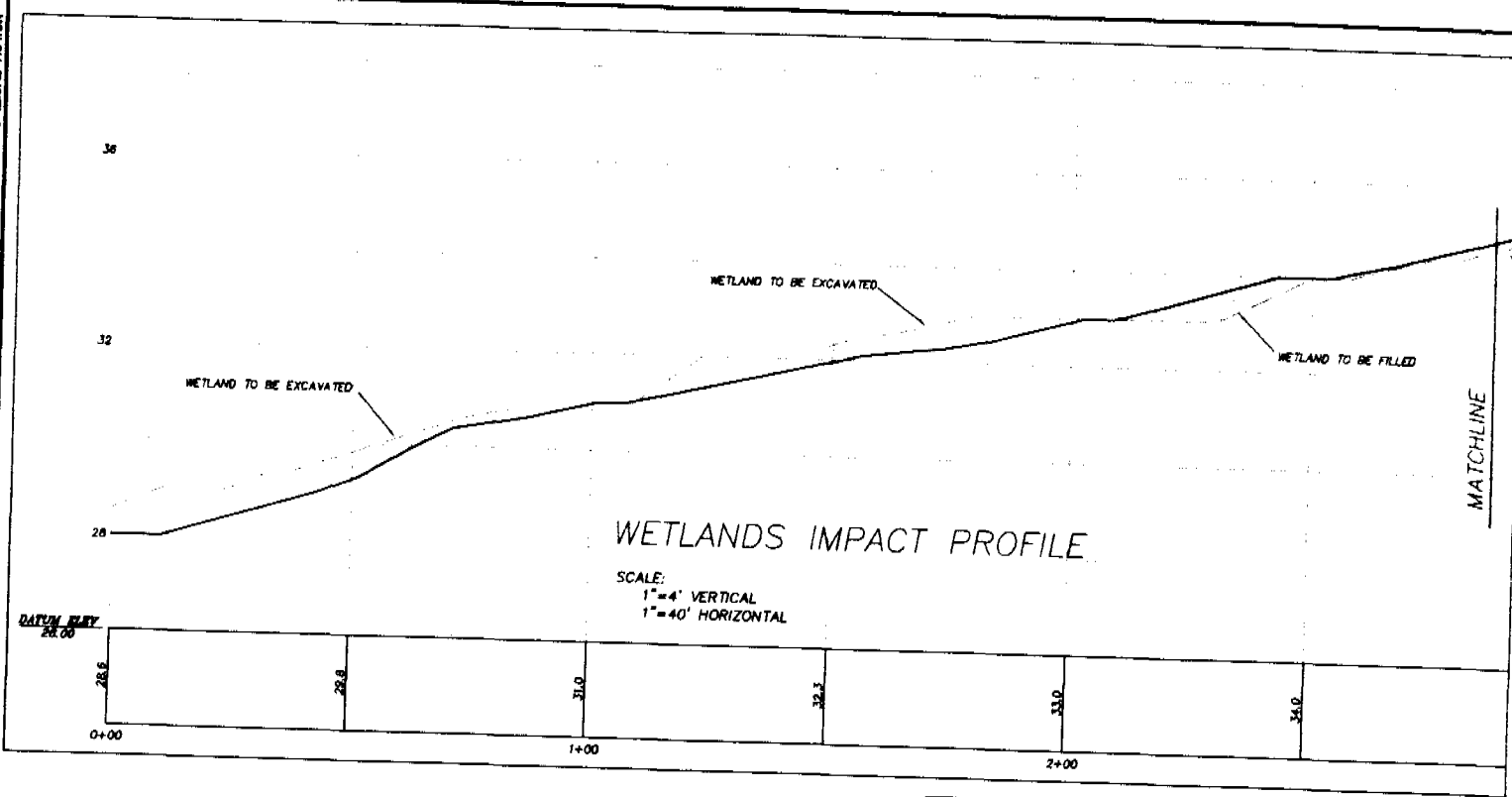


DESIGNED TAS	CHECKED KJC	JOB NO.	SCALE: NTS
DRAWN TAS	APPROVED KJC	DATE JUNE 4, 2008	SHEET 2 OF 4

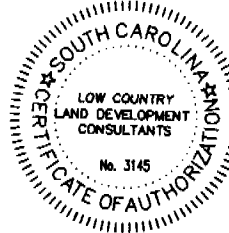
**WETLANDS IMPACT
EXHIBIT DRAWING
CHARLESTON COUNTY
TMS 282-00-00-240**

**CHARLESTON HOUSING
COMPANY, LLC
6 TULLY ALLEY
CHARLESTON, S.C. 29403**

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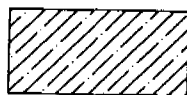
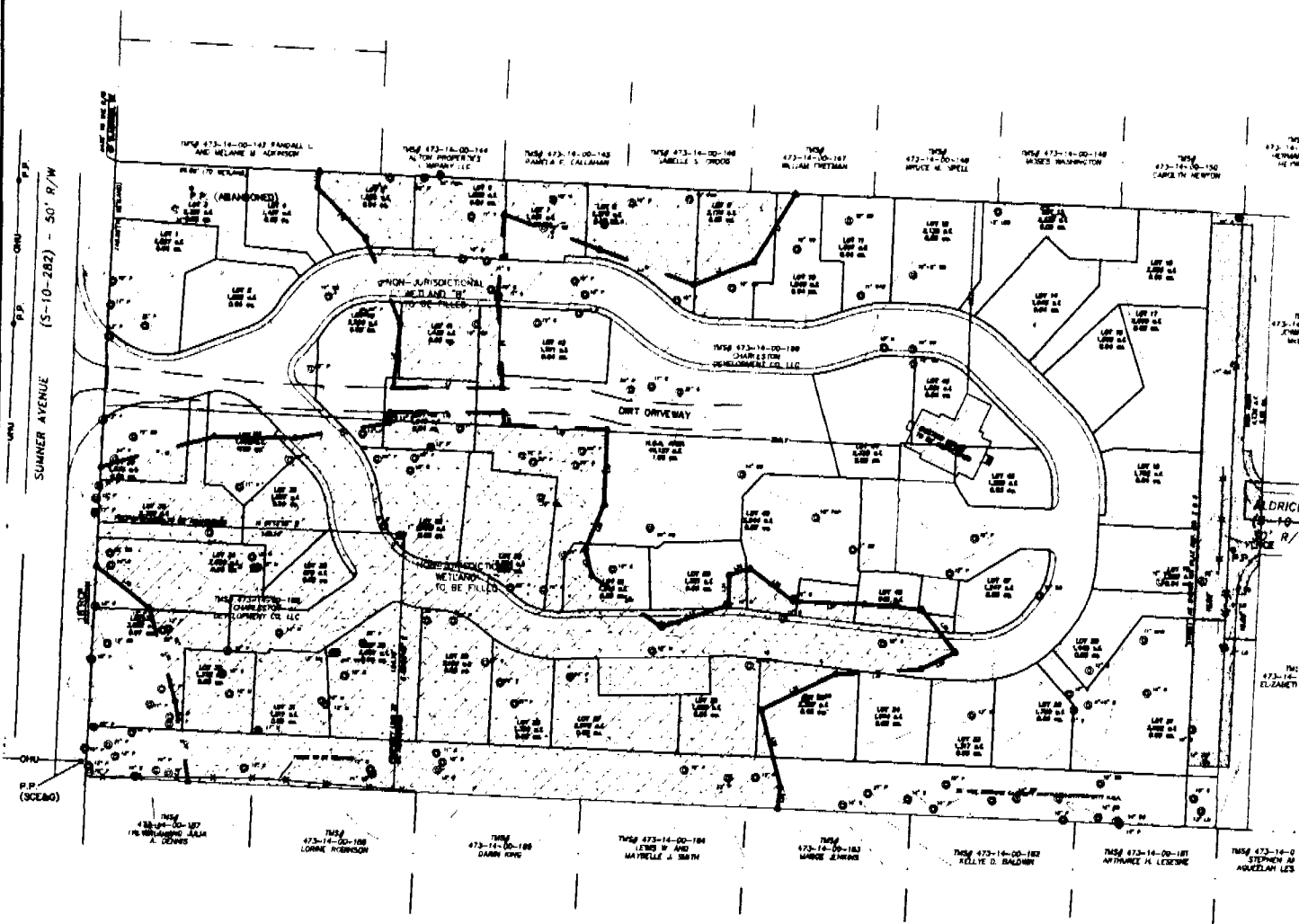
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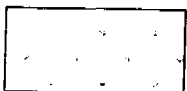
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DESIGNED TAS	CHECKED KJC	JOB NO.	SCALE: 1"=80'	WETLANDS IMPACT EXHIBIT DRAWING CHARLESTON COUNTY TMS 282-00-00-240
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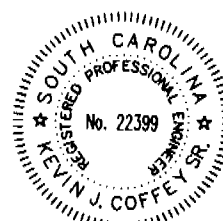


WETLANDS



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TMS 282-00-00-240**

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